



## MEASURE I OVERSIGHT COMMITTEE APPLICATION

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**CATEGORY** (check one):

- Certificated/CTAB Representative
- ARUSD Classified Representative
- Community Member
- Parent Member: (School) \_\_\_\_\_

**ALL APPLICANTS PLEASE ADDRESS THE FOLLOWING:**

1. **Why are you interested in becoming a member of the ARUSD Measure I Oversight Committee?**
  
  
  
  
  
  
  
  
  
  
2. **What experiences and/or strengths would you bring as a member of the Committee?**
  
  
  
  
  
  
  
  
  
  
3. **What other public/volunteer service or activities have you been involved in?**
  
  
  
  
  
  
  
  
  
  
4. **What do you hope to accomplish as a member of this Committee?**

*Applicants may also add up to 3 pages of additional information including, but not limited to a resume and letters of recommendation. (However, this is not a requirement of the application.)*

All information submitted in and with this application is accurate and true to the best of my knowledge. I understand that if any of the information is found to be false or misleading my application will be disqualified and/or I will be subject to removal from the Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_